



## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

SB1365

Introduced 2/9/2007, by Sen. Dan Kotowski

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356g

from Ch. 73, par. 968g

215 ILCS 125/4-6.1

from Ch. 111 1/2, par. 1408.7

Amends the Illinois Insurance Code and the Health Maintenance Organization Act. Requires coverage for a mammogram at the age and intervals considered medically necessary by the woman's health care provider for women under 40 years of age and having a family history of breast cancer, prior personal history of breast cancer, positive genetic testing, or other risk factors (now, only for women under 40 years of age and having a family history of breast cancer or other risk factors). Also requires coverage for a comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue based on the Breast Imaging Reporting and Data System established by the American College of Radiology or if the woman is believed to be at increased risk for breast cancer due to family history or prior personal history of breast cancer, positive genetic testing, or other indications as determined by a woman's health care provider. Effective immediately.

LRB095 04641 KBJ 24699 b

1 AN ACT concerning insurance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by  
5 changing Section 356g as follows:

6 (215 ILCS 5/356g) (from Ch. 73, par. 968g)

7 Sec. 356g. Mammograms; mastectomies.

8 (a) Every insurer shall provide in each group or individual  
9 policy, contract, or certificate of insurance issued or renewed  
10 for persons who are residents of this State, coverage for  
11 screening by low-dose mammography for all women 35 years of age  
12 or older for the presence of occult breast cancer within the  
13 provisions of the policy, contract, or certificate. The  
14 coverage shall be as follows:

15 (1) A baseline mammogram for women 35 to 39 years of  
16 age.

17 (2) An annual mammogram for women 40 years of age or  
18 older.

19 (3) A mammogram at the age and intervals considered  
20 medically necessary by the woman's health care provider for  
21 women under 40 years of age and having a family history of  
22 breast cancer, prior personal history of breast cancer,  
23 positive genetic testing, or other risk factors.

1           (4) A comprehensive ultrasound screening of an entire  
2           breast or breasts if a mammogram demonstrates  
3           heterogeneous or dense breast tissue based on the Breast  
4           Imaging Reporting and Data System established by the  
5           American College of Radiology or if the woman is believed  
6           to be at increased risk for breast cancer due to family  
7           history or prior personal history of breast cancer,  
8           positive genetic testing, or other indications as  
9           determined by a woman's health care provider.

10           These benefits shall be at least as favorable as for other  
11           radiological examinations and subject to the same dollar  
12           limits, deductibles, and co-insurance factors. For purposes of  
13           this Section, "low-dose mammography" means the x-ray  
14           examination of the breast using equipment dedicated  
15           specifically for mammography, including the x-ray tube,  
16           filter, compression device, and image receptor, with radiation  
17           exposure delivery of less than 1 rad per breast for 2 views of  
18           an average size breast.

19           (b) No policy of accident or health insurance that provides  
20           for the surgical procedure known as a mastectomy shall be  
21           issued, amended, delivered, or renewed in this State unless  
22           that coverage also provides for prosthetic devices or  
23           reconstructive surgery incident to the mastectomy. Coverage  
24           for breast reconstruction in connection with a mastectomy shall  
25           include:

26           (1) reconstruction of the breast upon which the

1 mastectomy has been performed;

2 (2) surgery and reconstruction of the other breast to  
3 produce a symmetrical appearance; and

4 (3) prostheses and treatment for physical  
5 complications at all stages of mastectomy, including  
6 lymphedemas.

7 Care shall be determined in consultation with the attending  
8 physician and the patient. The offered coverage for prosthetic  
9 devices and reconstructive surgery shall be subject to the  
10 deductible and coinsurance conditions applied to the  
11 mastectomy, and all other terms and conditions applicable to  
12 other benefits. When a mastectomy is performed and there is no  
13 evidence of malignancy then the offered coverage may be limited  
14 to the provision of prosthetic devices and reconstructive  
15 surgery to within 2 years after the date of the mastectomy. As  
16 used in this Section, "mastectomy" means the removal of all or  
17 part of the breast for medically necessary reasons, as  
18 determined by a licensed physician.

19 Written notice of the availability of coverage under this  
20 Section shall be delivered to the insured upon enrollment and  
21 annually thereafter. An insurer may not deny to an insured  
22 eligibility, or continued eligibility, to enroll or to renew  
23 coverage under the terms of the plan solely for the purpose of  
24 avoiding the requirements of this Section. An insurer may not  
25 penalize or reduce or limit the reimbursement of an attending  
26 provider or provide incentives (monetary or otherwise) to an

1 attending provider to induce the provider to provide care to an  
2 insured in a manner inconsistent with this Section.

3 (Source: P.A. 94-121, eff. 7-6-05.)

4 Section 10. The Health Maintenance Organization Act is  
5 amended by changing Section 4-6.1 as follows:

6 (215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7)

7 Sec. 4-6.1. Mammograms; mastectomies.

8 (a) Every contract or evidence of coverage issued by a  
9 Health Maintenance Organization for persons who are residents  
10 of this State shall contain coverage for screening by low-dose  
11 mammography for all women 35 years of age or older for the  
12 presence of occult breast cancer. The coverage shall be as  
13 follows:

14 (1) A baseline mammogram for women 35 to 39 years of  
15 age.

16 (2) An annual mammogram for women 40 years of age or  
17 older.

18 (3) A mammogram at the age and intervals considered  
19 medically necessary by the woman's health care provider for  
20 women under 40 years of age and having a family history of  
21 breast cancer, prior personal history of breast cancer,  
22 positive genetic testing, or other risk factors.

23 (4) A comprehensive ultrasound screening of an entire  
24 breast or breasts if a mammogram demonstrates

1 heterogeneous or dense breast tissue based on the Breast  
2 Imaging Reporting and Data System established by the  
3 American College of Radiology or if the woman is believed  
4 to be at increased risk for breast cancer due to family  
5 history or prior personal history of breast cancer,  
6 positive genetic testing, or other indications as  
7 determined by a woman's health care provider.

8 These benefits shall be at least as favorable as for other  
9 radiological examinations and subject to the same dollar  
10 limits, deductibles, and co-insurance factors. For purposes of  
11 this Section, "low-dose mammography" means the x-ray  
12 examination of the breast using equipment dedicated  
13 specifically for mammography, including the x-ray tube,  
14 filter, compression device, and image receptor, with radiation  
15 exposure delivery of less than 1 rad per breast for 2 views of  
16 an average size breast.

17 (b) No contract or evidence of coverage issued by a health  
18 maintenance organization that provides for the surgical  
19 procedure known as a mastectomy shall be issued, amended,  
20 delivered, or renewed in this State on or after the effective  
21 date of this amendatory Act of the 92nd General Assembly unless  
22 that coverage also provides for prosthetic devices or  
23 reconstructive surgery incident to the mastectomy, providing  
24 that the mastectomy is performed after the effective date of  
25 this amendatory Act. Coverage for breast reconstruction in  
26 connection with a mastectomy shall include:

1           (1) reconstruction of the breast upon which the  
2 mastectomy has been performed;

3           (2) surgery and reconstruction of the other breast to  
4 produce a symmetrical appearance; and

5           (3) prostheses and treatment for physical  
6 complications at all stages of mastectomy, including  
7 lymphedemas.

8 Care shall be determined in consultation with the attending  
9 physician and the patient. The offered coverage for prosthetic  
10 devices and reconstructive surgery shall be subject to the  
11 deductible and coinsurance conditions applied to the  
12 mastectomy and all other terms and conditions applicable to  
13 other benefits. When a mastectomy is performed and there is no  
14 evidence of malignancy, then the offered coverage may be  
15 limited to the provision of prosthetic devices and  
16 reconstructive surgery to within 2 years after the date of the  
17 mastectomy. As used in this Section, "mastectomy" means the  
18 removal of all or part of the breast for medically necessary  
19 reasons, as determined by a licensed physician.

20           Written notice of the availability of coverage under this  
21 Section shall be delivered to the enrollee upon enrollment and  
22 annually thereafter. A health maintenance organization may not  
23 deny to an enrollee eligibility, or continued eligibility, to  
24 enroll or to renew coverage under the terms of the plan solely  
25 for the purpose of avoiding the requirements of this Section. A  
26 health maintenance organization may not penalize or reduce or

1 limit the reimbursement of an attending provider or provide  
2 incentives (monetary or otherwise) to an attending provider to  
3 induce the provider to provide care to an insured in a manner  
4 inconsistent with this Section.

5 (Source: P.A. 94-121, eff. 7-6-05.)

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.